

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/700879 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1		1							
2			1									
3			1									
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TAL 15			1		1							
TAL 16			16									
TAL 17			17		35							
TAL 18												
TAL 19												
TAL 20												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS